

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES
ADMINISTRATION**

CENTER FOR SUBSTANCE ABUSE PREVENTION

National Youth Substance Abuse Prevention Initiative
(State Incentive Cooperative Agreements
for Community-Based Action)

Short Title: State Incentive Program

Guidance for Applicants (GFA) No.SP00-004

Catalog of Federal Domestic Assistance No.93.230

Under the authority of Section 501(d)(5) of the Public Health Service Act, as amended (42 USC 290aa), and subject to the availability of funds, the SAMHSA Center for Substance Abuse Prevention will accept applications in response to this Guidance for Applicants for the receipt date of May 10, 2000.

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I. Overview

The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention announces the availability of funds for State Incentive Cooperative Agreements for Community-Based Action aimed at reducing drug use by youth. This program, hereinafter referred to as the State Incentive Program, solicits applications to support State activities to develop and implement an effective, comprehensive, new State-wide prevention strategy.

The State Incentive Program calls upon Governors to coordinate, leverage and/or redirect, as appropriate and legally permissible, all Federal and State substance abuse prevention resources directed at communities, families, schools and workplaces to develop and implement an effective, comprehensive, new State-wide prevention strategy aimed at reducing drug use by youth.

Program Purpose

The State Incentive Program has a two-fold purpose:

- 1) **Governors should coordinate, leverage and/or redirect, as appropriate and legally permissible, all substance abuse prevention resources (funding streams and programs) within the State that are directed at communities, families, youth, schools and workplaces in order to fill gaps with effective, community-based prevention efforts that are derived from sound, scientific research findings and will be implemented in communities. These prevention efforts should be targeted to marijuana and other drug use by youth. Any redirection of Federal funds, however, must be consistent with the terms and conditions of such funding and all other Federal laws.**
- 2) **States should develop a revitalized, comprehensive State-wide strategy aimed at reducing drug use by youth through the implementation of community-based prevention efforts derived from sound scientific research findings.**

Note: Hereafter, whenever this GFA refers to the application of promising prevention approaches, efforts or practices, CSAP intends that cooperative agreement funds available under this State Incentive Program will be used to identify, select and implement "sound, scientifically-based, prevention strategies and practices...efforts that have proven efficacy," as specified in Appendix D, Science-based Practices in Substance Abuse Prevention: a Guide.

Eligibility

Eligibility is limited to the Office of the Governor in those entities that to date have not received State Incentive Grant funds in FY 1997, FY 1998 and FY 1999.

Applications may be submitted only by the Office of the Governor in those entities that receive the Substance Abuse Prevention and Treatment Block Grant(SAPT), Title XIX, Part B, Subpart II of the Public Health Service Act, 42 U.S.C. 300x-21, et seq.(hereinafter referred to as "States"). That grant sets aside 20 percent of the funds for primary prevention activities. This set-aside is a large resource available to the State for prevention activities and, along with the resources available under this announcement and other resources available to the State for substance abuse prevention activities, could assist the Governor in implementing a State-wide strategy.

Eligibility is limited to the Office of the Governor, so that a consistent State-wide strategy on substance abuse prevention will be implemented by the Governor and comprehensively evaluated as to effectiveness in the strategies used.

Note:As used herein, the term "Governor" means the Chief Executive Officer of the eligible entity, whether a governor of a State or territory, the Mayor of the District of Columbia, the President of those territories with a president, or the Chairman of the Tribal Council of the Red Lake Band of Chippewa.

By restricting eligibility to the Governor's Office, SAMHSA/CSAP believes optimal conditions and incentives needed to establish a successful State Incentive Program are assured. The Governor's leadership and involved commitment to youth substance abuse prevention, coupled with the infrastructure previously developed through the Block Grant funds can spur the renewed support of organizations throughout the State and ensure that substance abuse prevention aimed at youth remains a high-priority, comprehensive, and systemically integrated State-wide effort.

For this State Incentive Program, SAMHSA/CSAP strongly supports State use of existing prevention expertise and resources that already reside in the Alcohol and Drug Single State Agency (SSA), which continues to fund prevention strategies through the Substance Abuse Prevention and Treatment Block Grant.

Therefore, SAMHSA/CSAP encourages Governors to include a significant role for the SSA in the development, planning and implementation of State efforts under this cooperative agreement. For example, the SSA director or his/her designee could serve as the project director for the cooperative agreement, thereby serving in a key leadership and oversight capacity.

Availability of Funds

Approximately \$12 million will be available to support approximately four (4) awards under this cooperative agreement announcement in FY 2000. In determining award amounts, consideration will be given to the State's population, substance abuse prevention needs, and the cost requirements of the proposed plan.

Accordingly, it is expected that awards will range from \$2 million to \$3 million. Final award amounts and the actual number of awards made will depend on the number and quality of applications received, and on consideration of the relative cost reasonableness of projects approved for funding.

Period of Support

Support may be requested for a period of up to 3 years. Annual awards will be made subject to continued availability of funds and progress achieved.

Background

The Secretary of Health and Human Services has established a special Initiative on youth substance abuse to prevent marijuana use among America's teenagers, with additional focus on preventing all illicit drug use and underage alcohol use. This Initiative reflects the number one goal of the President's National Drug Control Strategy--to "Educate and enable America's youth to reject illegal drugs as well as the use of alcohol and tobacco." The Initiative addresses four objectives of the National Drug Control Strategy:

- o Encourage and assist the development of community coalitions and programs in preventing and treating drug abuse and underage alcohol and tobacco use.
- o Promote zero tolerance policies for the use of illegal drugs, alcohol, and tobacco by youth within the family, school, workplace and community.

- o Pursue a vigorous advertising and public communications program dealing with the dangers of drug, alcohol and tobacco use by youth.
- o Support and highlight research, including the development of scientific information, to inform drug, alcohol, and tobacco prevention and treatment programs targeting young people.

The Secretarial Initiative, a multi-year, phased national project, consists of three integrated components to:

1. Mobilize and Leverage Resources
2. Raise Public Awareness
3. Measure Outcomes

Funds provided by the State Incentive Program are for States to initiate a process by which they can, by effectively coordinating all substance abuse prevention resources--Federal and State--directed at communities, families, schools, and workplaces, develop an effective, comprehensive strategy aimed at reducing marijuana and other drug use by youth.

Current Trends in Youth Drug Use

Over the past five years, there has been a substantial increase in drug use, especially marijuana use, among 12- to 17-year-olds. All youth can be considered vulnerable to and at risk for drug use. Therefore, national prevention efforts must be redeployed to reverse the trends for this particular age group.

Changing the knowledge, attitudes, and behaviors of youth ages 12 to 17 is particularly problematic in the current environment. Most young people do not perceive marijuana to be dangerous; there is much less social disapproval of drug use among peers; and alcohol, tobacco, marijuana and other drugs are easy to obtain. In addition, youth are receiving mixed messages about marijuana from parents, media and State referenda, and more than ever, youth are in need of caring and informed adults in their lives.

Many parents and other adults who could assist in this prevention effort may not have adequate knowledge and skills needed to speak to their children about drugs. Moreover, many parents--former marijuana users and non-users alike--are ambivalent about their children's use of this potent drug. According to a survey by the National Center on Addiction and Substance Abuse at Columbia University, 65 percent of parents who had once used marijuana expect their children to try illegal drugs. Even among parents who had not used marijuana, 45 percent expect their children to at least experiment with illegal drugs.

Components of the Secretarial Initiative

This Initiative builds upon prior Federal programs, including several SAMHSA programs. It does not, however, represent an expansion or a replication of the Community Partnership, High Risk Youth, or State Block Grant programs. Nevertheless, the findings from SAMHSA prevention programs and others now underway will serve as guidance for both State and community-based strategies.

SAMHSA/CSAP has implemented the three key components of the Initiative (Mobilize and Leverage Resources, Raise Public Awareness and Measure Outcomes) through the following mechanisms: 1) the award of State Incentive Cooperative Agreements for Community-Based Action; 2) the award of cooperative agreements for regional Centers for the Application of Prevention Technologies (CAPTs); 3) increased collaboration with national organizations serving youth in support of this Initiative; 4) coordination of a major public education program in cooperation with the Office of National Drug Control Policy (ONDCP); and 5) a series of regional symposia.

A discussion of the State Incentive Program is provided below, followed by summaries of the following efforts: CAPTs, collaborations with national organizations serving youth, a public education program, and data collection efforts.

State Incentive Program: As discussed earlier, this Program calls upon Governors to develop and implement a comprehensive State-wide strategy that will serve to optimize the application of State and Federal substance abuse funding streams and resources, inclusive of the 20 percent primary prevention set-aside from the Block Grant. It will enable States to fill identified gaps with effective and promising community-based prevention approaches targeted to marijuana and other drug use by youth.

In support of the States' efforts to optimize the use of Federal and State resources, SAMHSA/CSAP has engaged in ongoing dialogues with other Federal agencies to foster coordination at the Federal level. SAMHSA/CSAP is working to establish an Interagency coordinating committee. Leaders of national prevention organizations continue to be sought as partners in the overall effort.

States will be expected to use 85 percent of their State Incentive grant funds for prevention activities. States may use up to 15 percent of their cooperative agreement funds to support State administration and other costs incurred by the cooperative agreement (to include, for example, overall direction and coordination of the required State-wide evaluation of all subrecipient projects).

States are also encouraged to make financial and in-kind contributions to further support this effort. Funds from the 20 percent primary prevention set aside from the Substance Abuse Prevention and Treatment Block Grants must be accounted for as part of the State Incentive Program.

State Incentive Program funds are intended to be used, to the extent possible, to support existing community based organizations in order to re-energize and mobilize communities, families, schools, youth and workplaces to reduce drug use by youth, and to identify and fill gaps in prevention efforts.

States and communities are encouraged to form appropriate linkages with an array of other anti-drug coalitions and related community-based organizations throughout the United States, in order to avoid the costly process of starting up new organizations.

Through this systematic coordination with important segments of the community that interact with youth, States will be able to more effectively increase perception of harm and risk and reduce the incidence of drug use.

Centers for the Application of Prevention Technologies: To ensure consistent implementation of research-based prevention practices, methods, and policies among State Incentive Program cooperative agreement recipients and their subrecipients, CSAP has funded six "Centers for the Application of Prevention Technologies" (CAPTs) via a separate competitive cooperative agreement program. These centers are located in the five regions corresponding to the National Prevention Network's five regions and a Southwest Border CAPT in Arizona.

The CAPTs are responsible for the following: identifying local experts who can provide guidance on implementing the best and most promising prevention practices; providing linkages for teleconferencing and other, real-time, problem-solving among the grantees; repackaging and promoting user-friendly products based on the knowledge analyzed or produced by SAMHSA/CSAP's National Center for the Advancement of Prevention (NCAP), the National Institute on Drug Abuse, and others for implementing the six Primary Substance Abuse Prevention Strategies outlined in the Substance Abuse Prevention and Treatment Block Grant and other prevention efforts; and providing skills development activities and other opportunities, as necessary and appropriate.

The CAPTs are designed to help States (in particular, those States that receive State Incentive program funds) move substance abuse prevention knowledge and program/policy innovations rapidly into consistent practice at the community level. The CAPTs serve as primary providers of programmatic and science-based technical assistance to the State Incentive programs and their subrecipient communities. SIGS applicants should consider the CAPT in their region as a source of additional project support.

Collaboration with National Organizations Serving Youth: Mobilizing national organizations, particularly those with a youth-serving mission, is an important aspect of this Initiative. This effort is intended to form partnerships with existing national organizations that have a recognized presence and effective programming at the local level. By expanding the traditional prevention field with other organizations serving youth, these partnerships can collectively amplify national substance abuse prevention messages developed as part of the Secretarial Initiative, and support and facilitate substance abuse prevention efforts at the community level.

National Public Education Program: SAMHSA/CSAP continues to develop an array of anti-drug messages by building on its recent campaigns to alert youth and their caregivers about the very real dangers associated with drug use. This outreach effort alerts police officers, educators, coaches, the faith community and others about what actions they can take to prevent substance abuse among youth. It continues to disseminate prevention materials through the National Clearinghouse for Alcohol and Drug Information and its RADAR Network of State and specialty dissemination centers. Building on this work in prevention awareness, SAMHSA/CSAP is participating in a major public education program in cooperation with ONDCP. National leaders continue to be visibly involved and help to send the message that drug use is illegal, dangerous and wrong.

Regional Symposia: To provide the latest available prevention research findings to States, communities and other interested groups, a series of five Regional Prevention Research/Application Symposia were conducted in FY 1998. Designed to further understanding of the knowledge base as well as effective strategies for change, the symposia were planned by representatives of end users and prevention research agencies.

II. PROGRAMMATIC GUIDANCE -- STATE INCENTIVE COOPERATIVE AGREEMENTS FOR COMMUNITY-BASED ACTION

This section of the announcement provides State applicants with detailed guidance in developing their State Incentive cooperative agreement projects.

INTRODUCTION

To reverse the trend in drug use by youth, the State Incentive Program calls upon Governors to set a new course of action that will assess needs, identify gaps and channel or redirect resources (consistent with the requirements of the funding source) to implement comprehensive strategies for effective youth substance abuse prevention. The State Incentive Program gives States the opportunity to develop an innovative process for using these special incentive funds in a different way so as to complement and enhance existing prevention efforts. Through this State-led process, individual citizens can be encouraged to play a more forceful role in their community's anti-drug efforts; and additional resources can be mobilized to support science-based and promising prevention approaches across systems and settings.

The State Incentive Program will support the States in coordinating and redirecting all prevention resources available within the State and in developing a revitalized, comprehensive prevention strategy that will make optimal use of those resources. With these redirected resources and a viable prevention strategy in place, Governors can more effectively mobilize local citizens--youth, families, communities, schools and workplaces--to work proactively with State and local substance abuse prevention organizations.

SAMHSA is committed to services that are professional, competent and effectively meet the critical substance abuse and mental health needs of the Nation's diverse population. To be professional, competent and effective, prevention and treatment services must address gender, age, ethnic and cultural issues, and related factors such as geographic and economic environments. Additionally, SAMHSA believes that families and consumers contribute significantly to successful outcomes and must be appropriately involved in the conceptualization, planning, implementation and evaluation of SAMHSA projects. Therefore, SAMHSA is committed to funding those projects that are culturally competent, gender sensitive, age appropriate, and customer driven (family and consumer) in their approaches.

HEALTHY PEOPLE 2000

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity for setting priority areas. Part I-Programmatic Guidance lists the priority area(s) applicable to the particular program under which you are applying. Potential applicants may obtain a copy of Healthy People 2000 (Full Report: Stock No. 017-001-00474-0; or Summary Report: Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402-9325 (Telephone: 202-512-1800).

COOPERATIVE AGREEMENT MECHANISM

The cooperative agreement mechanism is being used to ensure that the strategies adopted by the States are consistent with national goals and objectives and with the evolving state-of-the-art in effective prevention practices. In addition, the substantive involvement of CSAP staff in the programmatic aspects of the overall Initiative will ensure that CSAP can facilitate coordination of resources, as needed.

STATEMENT OF THE PROBLEM

The Nation is at a critical juncture in the fight against drugs. After years of steady decline, drug use is rapidly increasing among youth. It is showing up at an earlier age than ever before, negatively affecting the development and maturation of America's youth. The links between drug use and such serious problems as family and neighborhood erosion, crime and violence, spread of sexually transmitted disease, adolescent pregnancy, and school delinquency and dropouts affect all communities and place a heavy burden on youth, families, and schools throughout the country. These disturbing findings about drug use by youth are cause for national concern.

RESPONDING TO THE PROBLEM THROUGH THE STATE INCENTIVE PROGRAM

As noted in Part I, the Secretarial Initiative is predicated on a State-coordinated, community-based approach that brings the issue of teenage substance abuse to the level of the individual teen and those most important in his or her life. This approach is designed to change attitudes toward use, increase perceptions of harm and risk, and ensure that teens are receiving consistent "no-use" messages. Through SAMHSA/CSAP's State Incentive Program, States will have the opportunity to enhance their capacity to reduce substance abuse at the local level.

Program Funding

Under this cooperative agreement announcement, States are to use the bulk of dollars (85 percent or more) to directly fund subrecipient communities (as defined by States) to implement effective and promising prevention practices. SAMHSA/CSAP expects that funding in the range of \$75,000-\$125,000 from State Incentive Program funds will be needed to provide a base of support for each subrecipient community. Additional financial or in-kind support from State, local or other Federal funding sources would typically be needed to supplement the base funding.

To implement such prevention efforts, some communities would require more resources, and some, lesser amounts. The State should give priority in the use of funds from the 20-percent set-aside of the Substance Abuse Prevention and Treatment Block Grant funds to do the following: 1) work with community coalitions to develop community-wide strategic plans and needs assessments; and 2) fill program and service gaps identified by these community plans.

SAMHSA would expect Governors to look at specific funding needs of communities on a case-by-case basis, and to assess the need for allocating or redirecting funds from the Block Grant's 20-percent primary prevention set-aside in a manner consistent with the requirements of the Block Grant.

STATE INCENTIVE PROGRAM APPLICATION REQUIREMENTS

In responding to this announcement, Governors will be required to submit a detailed **Implementation Plan** that describes all tasks to accomplish the goals and objectives of the State's cooperative agreement project (see State Incentive Project Implementation Plan Requirements section, following the State Incentive Program Goals and Objectives, below).

Community-based prevention efforts supported by the State Incentive Program will be expected to work in close collaboration with local and national community prevention organizations, particularly with prevention providers and local anti-drug coalitions. Re-energized, broad-based support from Governors, State agencies, community coalitions, local providers, and youth and family groups will provide a strong foundation for the State Incentive Program.

Active and sustained citizen participation, resulting in community-wide ownership of the program is essential to achieving the goals of

this Initiative. States are expected to work collaboratively with their local communities to ensure that local action will be tailored to local needs.

Refer to both the Review Criteria section in Part II, below, and to the Program Narrative section in Part III for supporting detail regarding the following subsections on program goals and project implementation.

NOTE: The term **State Incentive Program** refers to SAMHSA/CSAP's announcement for State Incentive Cooperative Agreements for Community-Based Action. The term **State Incentive project** refers to each State's individual proposed response to the State Incentive Program (i.e., the application).

State Incentive Program Goals and Objectives

The goals of the overall State Incentive Program--1) Coordination of Funding and 2) Development of Comprehensive Prevention Strategy--and their related objectives are described below.

State Incentive Program Goal 1: Coordination of Funding

The first goal is to coordinate, leverage, and/or redirect, as appropriate, all substance abuse prevention resources within the State that are directed at communities, families, schools, and workplaces. In particular, Governors should ensure that State strategies account for all Federal and State substance abuse prevention funding streams and efforts in the State, and propose how these resources will be used to identify and fill gaps with prevention efforts that are derived from sound, scientific research findings so as to reduce the use of marijuana and other drugs by youth.

Objectives: Specific objectives under Coordination of Funding include the following:

- o Identify and assess **all** Federal and State substance abuse prevention funding streams and resources within the State.
- o Develop a systematic approach for coordinating and leveraging Federal and State substance abuse prevention resources targeting communities, families, schools and workplaces.

- o Develop a systematic approach for redirecting, as appropriate and legally permissible, all Federal and State funds and resources into the State's comprehensive prevention strategy in order to fill gaps with prevention efforts that are derived from sound, scientific research findings.

- o Develop a systematic approach for selecting and issuing subcontracts to appropriate community-based organizations or agencies (subrecipients) within identified communities to design, carry out and evaluate the State's project in accordance with the guidelines set forth in this announcement.

Application Requirements Relating to Goal 1--Coordination of Funding: SAMHSA/CSAP considers State commitment and leadership to be critical to successfully carrying out this goal. An example of such commitment could involve redistributing available financial resources to support this effort. Accordingly, in their applications, States should describe how they plan to approach the coordination, leveraging, and/or redirection of these funds.

This approach should be predicated on the State's current drug abuse trends, programs, and funding levels--with supporting data described in the application. The redirection of the funds must be consistent with the terms of the funding source.

States awarded the State Incentive cooperative agreements will be expected to select subrecipient community-based organizations by identifying those whose prevention approaches are comprehensive and consistent with state-of-the-art prevention programming and activities derived from sound, scientific research findings (see Appendix D). Such approaches offer measurable outcome data to substantiate their potential as promising or effective prevention practices.

State Incentive Program Goal 2: Development of Comprehensive Prevention Strategy

The second goal is to develop a revitalized, comprehensive State-wide strategy aimed at reducing drug use by youth. The proposed State-wide prevention strategy should incorporate a range of effective substance abuse community-based prevention efforts that are derived from sound scientific research findings and will be implemented in communities.

Objectives: Specific objectives under Development of a Comprehensive Prevention Strategy include the following:

- o Identify the extent of the substance abuse problem affecting 12- to 17-year olds Statewide, and coordinate the

development and implementation of a comprehensive State-wide prevention strategy aimed at reducing drug use by youth.

- o Facilitate development of local, community-level promising prevention approaches that are based on state-of-the-art efforts and sound scientific research findings, including guidance provided in Appendix D.
- o Increase the knowledge, skills and direct involvement of youth, parents and other caregivers, families, schools, workplaces and the community at large in community-based prevention efforts to be implemented via the State's projects.

Elements of the Comprehensive Prevention Strategy

States will need to begin preliminary planning for the development of the comprehensive prevention strategy during the first 90 days after award. [A description of this proposed preliminary planning process is required in the application in the form of tasks projected for Phase 2 of the State project (see Program Narrative in Part III, C.1., Phasing Plan.)]

Following the 90-day period, States would begin to develop a comprehensive State-wide prevention strategy that will allow for adequate funding and resources to select community-based organizations in the target communities and implement appropriate research-based prevention practices in those communities. Reflecting the best thinking of the prevention field and communities State-wide, this strategy would be further developed and finalized during the second and third quarters of Year 1 of the cooperative agreement and implemented no later than the beginning of the fourth quarter.

As they begin to formulate a more definitive approach to implementing State-wide, community-based prevention programs under this cooperative agreement, States may wish to consider a number of factors related to finalizing their State-wide prevention strategy, as discussed below.

The revitalized, comprehensive prevention strategy would describe in detail a systematic, State-wide approach for preventing drug use among 12- to 17-year-olds. In keeping with the goals and objectives of the State Incentive Program, the approach would emphasize increasing the perception of harm and reducing incidence of drug use among this age group.

Further, the State's prevention strategy should address how the State would envision redirecting their State and Federal funding streams, consistent with the terms of the funding sources, in order to strengthen ongoing State substance abuse prevention program efforts. These delineations are particularly important, given that a variety of programs and State and Federal funding sources now exist (e.g, Dept. of Education's Safe and Drug-Free Schools, Dept. of Housing and Urban Development, Dept. of Transportation, Dept. of Justice, Americorps and the 20-percent set-aside for substance abuse prevention in the Substance Abuse Prevention and Treatment Block Grant funds.)

In particular, this State-wide prevention strategy would include, but not be limited to, the following elements:

- o Statement of the substance abuse problem as it relates to the systematic coordination and implementation of prevention efforts with respect to all critical segments of the community that interact with youth.
- o Description of the process and criteria used for identifying gaps in prevention efforts, and a description of the gaps found.
- o Description of the current and proposed resource allocations for prevention efforts targeting youth, communities, families, schools and workplaces.
- o Specific rationales for choosing research-based prevention practices to be implemented in target communities (subrecipients) and a description of these communities.
- o A finalized Evaluation and Data Collection Plan consistent with the requirements set forth in Part III, Narrative Instructions for Project Evaluation Plan.
- o Description of the Cooperative Agreement Advisory Committee and any other State-wide monitoring mechanisms (e.g., Governor's Blue Ribbon Council) and their related role and function in monitoring the State's cooperative agreement. Additional description of involvement and input by local citizens and grassroots organizations in this process.
- o A detailed approach for disseminating prevention findings and lessons learned State-wide.

State Incentive Project Implementation Plan Requirements

Governors are required to submit an **Implementation Plan** in their applications consisting of three components: 1) a Phasing Plan, 2) a Project Management and Staffing Plan, and 3) an Evaluation Plan. These components will describe all the processes and tasks to be undertaken by the State in developing, implementing, and evaluating its State Incentive project. This comprehensive Implementation Plan should serve as a blueprint for the applicant in coordinating and directing all tasks during Year 1 of the State's project, and as a foundation for tasks to be completed in the remaining two years of the cooperative agreement. (These three components are briefly described below and discussed in greater detail in the Program Narrative section in Part III.)

1. **Phasing Plan.** States should provide a detailed plan for accomplishing tasks during the first 90 days following award (Phase 1) and during the remainder of the year (Phase 2). This Plan should relate directly to the State's Project goals and objectives, describe the tasks to be undertaken in each phase to support these goals, and depict the sequence for completing these tasks in a milestone chart (a milestone chart should be included in Appendix 1). In addition, the Plan should also link Year 1 project goals and objectives with anticipated goals and objectives for Years 2 and 3.
2. **Project Management and Staffing Plan.** States should clearly specify how their project will be structured, organized, staffed, and managed throughout the three-year cooperative agreement period. Consistent with the Phasing Plan, the Project Management and Staffing Plan should describe the tasks to be undertaken in each phase and depict the sequence for completing these tasks in a milestone chart (a milestone chart should be included in Appendix 1).
3. **Evaluation Plan.** Applicants are required to provide a comprehensive, state-wide Project Evaluation Plan that describes the approach that they will use to fully document their project activities and accomplishments. This plan must include a description of the following: 1) the approach the State will use to collect evaluation data and information from each of its subrecipient community projects; and 2) how the State will ensure that the evaluation data and information collected will be compatible and consistent across subrecipient sites.

Applicants are expected to use both quantitative and qualitative evaluation approaches to choose the approach that is most appropriate to the goals and objectives of this State Incentive Program (i.e., (1) successful coordination of substance abuse funding; and (2) development of a comprehensive State-wide prevention strategy, and the related objectives as described in this announcement.)

SAMHSA/CSAP places significant emphasis on the importance of the State-wide evaluation. A State may use up to 15 percent of its award (direct and indirect costs) for administrative and evaluation expenses. The Budget Justification section of the application must clearly delineate the percentage the State will allocate for administrative purposes and the percentage allocated for the State-wide evaluation. This section must also include separate line item budgets and specific justifications for all administrative costs, and for evaluation expenses.

SAMHSA/CSAP is currently undertaking a cross-site evaluation of the State Incentive Cooperative Agreement Program, including the collection of common data elements. FY 2000 awardees will be expected to participate fully in this Cross Site Evaluation. It is further expected that all awardees will comply to the specific evaluation requirements subject to the Terms and Conditions of the State Incentive Program.

SPECIAL CONSIDERATIONS/REQUIREMENTS

Role of Federal Staff in Cooperative Agreements

The cooperative agreement mechanism includes substantial postaward Federal programmatic participation in the conduct of the project. Such involvement may include the following: provision of extensive technical assistance; consultation on and participation in the redesign or modification of systems change; contribution of guidance to enhance the potential reproducibility of results; provision of support services for training, evaluation, and data collection; arrangement of meetings designed to support activities of the individual cooperative agreement awardees; membership on policy, steering, advisory or other working groups established to facilitate accomplishment of the project goals; authorship or co-authorship of publications to make results of the project available to other programs.

Role of State Recipient in Cooperative Agreements

The State cooperative agreement recipient is expected to participate and collaborate fully with CSAP staff in the implementation and evaluation of the overall program. Activities will include the following:

- (1) compliance with all aspects of the terms and conditions of the cooperative agreement;
- (2) collaboration with CSAP staff in project implementation;
- (3) monitoring and implementation functions, to include accountability;
- (4) documentation of all intended and actual prevention-related systemic changes resulting from this Initiative; and
- (5) responding to requests for all appropriate program-related data.

Role of the Cooperative Agreement Advisory Committee

A Cooperative Agreement Advisory Committee will be established by each State that is broadly representative of the various stakeholders in the State (including, for example, local community prevention organizations, prevention providers, local anti-drug coalitions, and youth and family groups). This committee will provide coordination support to the Governor as well as strategic and operational advice to the State Incentive project. The Chair of the Advisory Committee will be appointed by the Governor. The State Incentive project director and the CSAP Project Officer (collaborator) will both participate in Committee meetings as part of their responsibility for implementing the cooperative agreement in accordance with the award terms and conditions.

CSAP expects that the first meeting of the Advisory Committee will be 90 days after award. The Advisory Committee should subsequently plan on holding scheduled meetings during the cooperative agreement period.

Letter of Intent

Entities planning to submit an application in response to a GFA are encouraged to submit a letter of intent at least 30 days prior to the receipt date. Such notification is used by SAMHSA for purposes of review and program planning. This letter is voluntary and does not obligate the person/organization to submit an application.

The letter should be no longer than one page and should succinctly indicate:

- o the number and title of the GFA
- o the name of the potential applicant organization, city and State

Letters of intent should be directed to:

Division of Extramural Activities, Policy, and Review
Substance Abuse and Mental Health Services Administration
Parklawn Building, Room 17-89
5600 Fishers Lane
Rockville, Maryland 20857
ATTEN: Letter of Intent for GFA No.SP00-004

Coordination with Other Federal/Non-Federal Programs

Applicants seeking support under SAMHSA GFAs are encouraged to coordinate with other programs when such coordination could enhance or expand service, services research, evaluation, and/or knowledge development and dissemination of the proposed project. Applicants should identify the coordinating organizations by name and describe the process that will be used to coordinate efforts. Applicants are required to provide letters of formal commitment from Federal and/or non-Federal organizations that agree to work/collaborate with the applicant. These letters must specify the kind(s) and level(s) of support/resources the organizations are prepared to make available to the applicant. Letters should be included in an appendix entitled "Letters of Coordination/Support."

Intergovernmental Review (E.O. 12372)

Executive Order 12372, as implemented through DHHS regulations at 45 CFR Part 100, sets up a system for State and local government review of applications for Federal financial assistance. Applicants (other than federally recognized Indian tribal governments) should contact the State's Single Point of Contact (SPOC) as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the State's review process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. A current listing of SPOCs is included in the application kit. The SPOC should send any State review process recommendations to the following address:

Division of Extramural Activities, Policy, and Review
Substance Abuse and Mental Health Services Administration
Parklawn Building, Room 17-89
5600 Fishers Lane

Rockville, MD 20857
ATTEN: SPOC - GFA No.SP00-004

The due date for State process recommendations is no later than 60 days after the deadline date for the receipt of applications. SAMHSA does not guarantee to accommodate or explain SPOC comments that are received after the 60-day cut-off.

Public Health System Reporting Requirements

This program is not subject to the Public Health System Reporting Requirements.

Confidentiality/SAMHSA Participant Protection

Applicants and awardees are expected to develop and implement appropriate procedures to address confidentiality and other ethical issues pertinent to the protection of participants in proposed projects. Confidentiality is particularly important in SAMHSA projects because of the illegality of drug use and the potential for stigmatization of participants in drug abuse treatment, treatment of mental illness, HIV counseling, and the like. If any participants in the proposed project could be exposed to any risk of problems through any failure of the project to keep information about them confidential, the applicant must develop procedures to prevent these risks and describe them in the application.

Awardees that hold themselves out as providing, and provide substance abuse diagnosis, treatment, or referral for treatment must maintain the confidentiality of any alcohol and drug abuse treatment client or patient records in accordance with 42 CFR Part 2, "Confidentiality of Alcohol and Drug Abuse Patient Records." These regulations are applicable to any information about alcohol and other drug abuse patients obtained by a federally-assisted program, as defined in the regulations. Projects that offer treatment for mental illness must maintain confidentiality in accordance with professional standards of practice and applicable law.

Other relevant ethical issues, such as equitable selection of participants and adequacy of care, must also be addressed in the project plans and application. Where applicable, project staff must meet State and local licensure and professional accreditation standards, as well as normal professional standards of care and practice. Project directors have direct and continuing responsibility to ensure that participant protection is adequate.

When the SAMHSA Center Director determines that projects funded must meet SAMHSA Participant Protection (SPP) requirements, applicants are

required to address participant protection in the Program Narrative of the application and to respond NOT applicable to Part A, Item 5, Human Subjects Certification, on the Checklist in the PHS 5161-1 application.

When the SAMHSA Center Director determines that projects funded are subject to the requirements of 45 CFR Part 46, Protection of Human Subjects, including special requirements described in 45 CFR 46, Subparts B (for research, development, and related activities involving fetuses, pregnant women, and human in vitro fertilization); C (for biomedical and behavioral research involving prisoners as subjects); and D (for research involving children as subjects), applicants are required to address human subjects protection in the program narrative section of the application and to indicate on the Checklist, Part A, Item 5 in the PHS 5161-1 application, whether the Human Subjects Certification is included. The Protection of Human Subjects regulations are available from the Office for Protection from Research Risks (OPRR), National Institutes of Health, Bethesda, MD 20892, phone (301) 496-7041. In accordance with OPRR regulations, applicants must file an Assurance of Compliance with the OPRR and documentation of Institutional Review Board (IRB) approval.

Applicant organizations having an approved Multiple Project Assurance of Compliance on file with the OPRR must supply certification of IRB review and approval with the application or within 60 days of submission. The latest date of approval by the IRB of the proposed activities must be not earlier than 1 year prior to the receipt date called for in this announcement. **If the certification is sent after submission of the application, the applicant should contact the review administrator who will be handling the review of the application to determine where to send the certification.**

If the applicant organization does not have an approved Multiple Project Assurance of Compliance on file with the OPRR that covers the proposed project, the organization will be required to negotiate a single project assurance with the OPRR. For its single project assurance, the organization may use the IRB of an institution with a multiple project assurance or may appoint an IRB of its own. Local universities often are willing to assist community agencies by having their IRB review the application or providing assistance in starting an agency IRB. The single project assurance should be sought only after the organization is informed by SAMHSA staff that the proposed project is almost certain to be funded. To start this process, SAMHSA staff must supply the OPRR with the project's application and summary statement, and notify the OPRR that the applicant will be seeking a

single project assurance. The OPRR will then collect the necessary documents.

Inclusion of Adequate Representation of Girls and Women and Racial/Ethnic Minority Populations

SAMHSA/CSAP urges applicants to include all populations with cultural- and gender-specific needs, especially racial/ethnic minority groups, girls and women and persons with disabilities in the target population where feasible and appropriate. In general, the composition of the target population should reflect the needs and demographics of the selected target community. Applicants should describe the composition of the project's target population with respect to race/ethnicity and gender and ensure that the project's design, intervention strategies, and staffing are sensitive, appropriate, and competent to address the special requirements of racial/ethnic minority groups, girls and women and persons with disabilities included in the target population.

When a proposal excludes any of the populations noted above in the community from the target population, a justification for this action must be included in the application.

When evaluating projects using a common intervention with populations differing by race/ethnicity, gender, or developmental age group, it is important to ascertain whether the intervention is differentially effective for the different populations. Such statistical analyses should be done whenever the size of the subpopulation(s) can support such analysis.

In making award decisions, SAMHSA/CSAP may give extra consideration to applicants who provide a plan for the inclusion of adequate representation of girls and women and racial/ethnic minorities in the populations served by subrecipients to be selected to receive State Incentive funds. (See Award Decision Criteria section.) Plans should be included in C. Project Implementation Plan (Phasing Plan) section of the Program Narrative section of the application.

Promoting Nonuse of Tobacco

SAMHSA and the PHS strongly encourage all grant and contract recipients to provide a smoke-free workplace and to promote the nonuse of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Knowledge Transfer

It is PHS policy to make available to the public the results and accomplishments of the activities that it funds. Therefore, recipients are encouraged to make the results and accomplishments of their activities available to the public through publications that include their evaluation data and findings as well as through audiovisual products.

PHS prior approval is not required for publishing the results of an activity under a cooperative agreement. Recipients must provide 60 days notice to SAMHSA/CSAP prior to distribution. However, recipients must place an acknowledgment of PHS support and a disclaimer on any publication written or published with such support, and if feasible, on any publication reporting the results of or describing a cooperative agreement-supported activity.

Thus, publications will include: (1) an acknowledgment of PHS support, such as, "This publication was made possible by **cooperative agreement number X** from the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention," and (2) a disclaimer, such as, "The contents are solely the responsibility of the authors and do not necessarily represent the official views of the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention."

However, written prior approval must be obtained from the HHS Office of the Assistant Secretary for Public Affairs to use project funds to develop a single audio visual, publication or public broadcast with a cost of \$25,000 or more that has the potential to educate, persuade, and inform the public. SAMHSA's Grants Management Officer will arrange for all such approvals.

Title IV, Section 711 of the Americans with Disabilities Act states that: "Any television public service announcement that is produced or funded in whole or in part by an agency or instrumentality of Federal Government shall include closed captioning of the verbal content of such announcement."

APPLICATION PROCEDURES

Grant application kits, including form PHS 5161-1 with Standard Form 424, complete application procedures, and accompanying guidance materials for the narrative approved under OMB No. 0920-0428 (i.e., the GFA) may be obtained from:

For Center for Substance Abuse Prevention and Center for Substance Abuse Treatment programs:

National Clearinghouse for Alcohol and Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20847-2345
[Voice: 800-729-6686; TDD: 800-487-4889]

The full text of the GFA and all the required components of the application kit, including the PHS 5161-1 and the Standard Form 424, are also available for electronic downloading through the "Funding Opportunities" option on SAMHSA's World Wide Web Home Page (address: <http://www.samhsa.gov>).

Applicants must submit: (1) an original copy of the application signed by the authorized official of the applicant organization, with the appropriate appendices; and (2) two additional, legible copies of the application and all appendices to the following address:

SAMHSA Programs
Center for Scientific Review
National Institutes of Health
Suite 1040
6701 ROCKLEDGE DRIVE MSC- 7710
BETHESDA, MD 20892-7710 *

* Applicants who wish to use express mail or courier service should change the zip code to 20817.

[Note to Applicants: Do not use an individual's name or provide a telephone number on the address label. Overnight carriers and express mail have waived the requirements for these. Any changes in the referenced Center for Scientific Review address will result in the application being misdirected and could result in the application being lost and/or not reviewed.]

Only one application seeking support for the same programmatic activity with the same population may be submitted to SAMHSA, and that same application may be submitted in response to only one SAMHSA GFA.

APPLICATION RECEIPT AND REVIEW SCHEDULE

The schedule for receipt and review of applications under this GFA is as follows:

<u>Receipt Date</u>	<u>IRG Review</u>	<u>Council Review and Award Date</u>	<u>Earliest Start Date</u>
May 10, 2000	June 2000	Sept. 2000	Sept. 2000

Applications must be received by the above receipt date to be accepted for review.

An application received after the deadline may be acceptable if it carries a legible proof-of-mailing date assigned by the carrier and the proof-of-mailing date is not later than one week prior to the deadline date. Private metered postmarks are not acceptable as proof of timely mailing. These instructions replace the Late Application instructions found in PHS 5161-1.

CONSEQUENCES OF LATE SUBMISSION

Applications received after the above receipt date will not be accepted and will be returned to the applicant without review.

REVIEW PROCESS

Applications submitted in response to this GFA will be reviewed for scientific/technical merit in accordance with established SAMHSA review procedures.

The Center for Scientific Review (CSR) at NIH serves as the central point for the receipt of applications. Upon receipt at CSR, applications will be screened by staff in the SAMHSA Division of Extramural Activities, Policy, and Review (DEAPR) for completeness and compliance with instructions for submission (see the section entitled Application Instructions that follows). Applications that are incomplete or nonresponsive to the GFA may be returned to the applicant without further consideration. Returned applications may not be resubmitted for the current receipt date.

Applications that are accepted for review will be assigned to an initial review group (IRG), composed primarily of non-Federal experts, and will undergo a multistage merit review process. The IRG will evaluate applications for scientific/technical merit on the basis of

the review criteria specified in the GFA. Reviewers will be asked to assign scores only to applications which they consider to have sufficient scientific/technical merit for program staff to consider as candidates for funding.

IRG recommendations on the merit of applications will undergo a second level of review by the appropriate National Advisory Council, whose review may be based on policy considerations as well as scientific/technical merit. An application may be considered for funding only if the National Advisory Council concurs with the IRG recommendation on scored applications.

REVIEW CRITERIA

Applications will be reviewed and evaluated according to the following review criteria. The points noted for each criterion indicate the maximum number of points the reviewers may assign to that criterion if the application is considered to have sufficient merit for scoring. The assigned points will be used to calculate a raw score that will be converted to the official priority score. Reviewers will be instructed to review and evaluate each relevant criterion in relation to cultural competence. Points will be deducted from applications that do not adequately address the cultural aspects of the criteria. (See Appendix F to this GFA for guidelines that will be used to assess cultural competence.)

Following each review criterion are statements in bullet form. These statements do not have weights; they are provided to make note of important areas within the review criterion.

I. Understanding of the State Incentive Program {10 Points}

Extent to which the narrative section of the State's application demonstrates an understanding of:

- o The purpose, goals and objectives of the State Incentive Program, as defined in this announcement; and
- o How the State's proposed cooperative agreement project complements the overall State Incentive Program.

II. Merit and Appropriateness of Project Background, Project Goals and Objectives, and Phasing Plan {50 Points}

1. Project Background

Extent to which the Background section of the application demonstrates documented assessment of how Federal and State resources and funding streams are currently providing prevention services throughout the State.

2. Project Goals and Objectives

Extent to which the Project Goals and Objectives demonstrate the following:

- o Specificity, responsiveness and measurability--with respect to both the State's individual project and to the goals and objectives of the overall State Incentive Program.
- o The systematic approach and processes the Governor will use to effectively coordinate, leverage, and/or redirect State and Federal funding streams and resources in order to fill gaps with effective and promising prevention approaches.

3. Phasing Plan

Extent to which the Phasing Plan contains a process that allows for the following:

- o Complete, achievable, and time-sensitive goals, objectives and tasks proposed to be completed in Phase 1 and Phase 2, to be provided in narrative form and milestone charts.
- o Sound criteria and processes to be used in selecting community-based organizations in the target communities (subrecipients) to receive State Incentive funds.
- o Sound approach for involving families, youth, schools and workplaces in the development and implementation of community based prevention efforts.
- o Adequate project representation in terms of age, culture, language, gender and disability (and responsiveness to their particular substance abuse prevention needs) in implementing the State's project.

- o Identification of technical assistance and training resources for developing State prevention program capabilities.
- o Adequate involvement of diverse community representatives in the design and implementation of the State's project.

III. Merit and Appropriateness of Project Management and Staffing Plan {20 Points}

Extent to which the Project Management and Staffing Plan demonstrates the following:

- o Evidence of significant involvement and oversight by the Governor's Office.
- o Appropriate qualifications and experience of the State-level grantee project director and other key State personnel; and soundness of project organizational structure and functions to ensure success of the State's project.
- o Appropriate qualifications and experience of State Cooperative Agreement Advisory Committee members; and soundness of its organizational structure and functions to ensure effective coordination of the State's project.
- o Evidence of appropriate attention and resources to age, gender, race/ethnicity and cultural factors in the process to select subrecipients.
- o Evidence that the Management Plan and Staffing Plan reflect the diversity of the State's population.

IV. Merit and Appropriateness of Project Evaluation Plan {20 Points}

Extent to which the State's Project Evaluation Plan demonstrates the following:

- o Adequacy of the Evaluation Plan to meet the goals and objectives of the Program.
- o A methodology for the complete documentation of the project activities and accomplishments.

- o Adequacy of the balance between quantitative and qualitative approaches.
- o Feasibility (considering time and resources available) of the proposed evaluation.
- o Adequacy of the State's approach for obtaining necessary evaluation information across subrecipient sites State-wide.
- o Adequacy of the process for disseminating evaluation findings back to the community-based organizations (subrecipients).
- o Evidence that the proposed Evaluation Plan is sensitive to age, gender, racial/ethnic and cultural characteristics of the State's population.

NOTE: Although the reasonableness and appropriateness of the proposed budget for each year of cooperative agreement is not a review criterion for this GFA, the IRG will be asked to consider after the merits of the application have been considered.

AWARD DECISION CRITERIA

Applications will be considered for funding on the basis of their overall technical merit as determined through the IRG and the CSAP National Advisory Council review process.

Other award criteria will include:

- o Availability of funds

Other award considerations may include:

- o Geographic distribution throughout the United States
- o Plan for the inclusion of adequate representation of girls and women and racial/ethnic minority populations in the populations served by subrecipients to be selected to receive State Incentive funds.

SAMHSA/CSAP reserves the right (subject to the availability of funds in FY 2001) to fund additional applications submitted under this current GFA and receipt date that were found to have sufficient technical merit by the IRG and the CSAP National Advisory Council to be considered for funding, but for which insufficient funds were available to permit award during FY 2000.

In addition, subject to the availability of funds in FY 2001, and other future fiscal years, SAMHSA/CSAP may reissue this GFA and publish future receipt date(s) in a Notice of Funding Availability in the Federal Register.

TERMS AND CONDITIONS OF SUPPORT

Federal regulations at Title 45 CFR Parts 74 and 92, generic requirements concerning the administration of grants, are applicable to SAMHSA awards.

Grants must be administered in accordance with the PHS Grants Policy Statement, DHHS Publication No. (OASH) 94-50,000 (Rev. April 1, 1994).

Grant funds may be used only for reasonable expenses clearly allocable to and necessary for carrying out the approved activities, including both direct costs, which can be specifically identified with the project, and allowable indirect costs. In order to recover the allowable indirect costs of a project, it may be necessary to

negotiate and establish an indirect cost rate (unless such a rate has already been established for the applicant organization).

For information and assistance regarding the timing and submission of an indirect cost rate proposal, applicants, except for-profit organizations, should contact the appropriate office of the DHHS Division of Cost Allocation referenced in the list of "Offices Negotiating Indirect Cost Rates," included in the application kit. For-profit organizations should contact the Grants Management Officer listed in the GFA. No grantee can receive a profit from any DHHS grant.

All grantees, including for-profit grantees, are required to comply with the audit requirements at Title 45 CFR 74.26 or 92.26, as appropriate.

Allowable Items of Expenditure

Subject to applicable cost principles, allowable items of expenditure for which grant support may be requested include:

- o Salaries, wages, and fringe benefits of professional and other supporting staff engaged in the project activities.
- o Travel required for carrying out activities under the approved project.
- o Supplies, communications, and rental of equipment and space directly related to approved project activities.
- o Contracts for performance of activities under the approved project.
- o Other such items necessary to support approved project activities so long as they are allowable under the applicable cost principles.

Funds cannot be used for the purchase or construction of a facility to house any portion of the proposed project. Any funds proposed to be utilized for renovation expenses must be detailed and linked directly to programmatic activities. Any lease arrangements in association with the proposed project utilizing PHS funds may not be funded by PHS beyond the project period nor may the portion of the space leased with PHS funds be used for purposes not supported by the program.

Administrative and Evaluation Costs

The State may use up to 15 percent of its award (direct and indirect costs) for administrative and evaluation expenses. The Budget Justification section of the application must clearly delineate the percentage the State will allocate for administrative purposes and the percentage allocated for the State-wide evaluation. This section must

also include separate line item budgets and specific justifications for all administrative costs, and for evaluation expenses.

Reporting Requirements

Interim and final progress reports and financial status reports will be required as specified in the PHS Grants Policy Statement requirements.

In order for SAMHSA to meet its statutory requirements under the Government Performance and Results Act (GPRA), every grantee (contractor) who engages in knowledge application activities will be required to use a standardized data collection approach designed to document the number and types of activities engaged in and assess the percent of those activities that resulted in positive changes. Information on the required data collection will be provided to awardees by the project officer.

CONTACTS FOR ADDITIONAL INFORMATION

Questions concerning program issues may be directed to:

Dave Robbins or Patricia Getty
DSCSD, Systems Applications Branch
Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
Rockwall II Building, Suite 930
5600 Fishers Lane
Rockville, MD 20857
(301) 443-0369

Questions regarding grants management issues may be directed to:

Edna Frazier
Division of Grants Management, OPS
Substance Abuse and Mental Health Services Administration
Rockwall II Building, Rm. 630
5600 Fishers Lane
Rockville, Maryland 20857
(301) 443-6816

AUTHORITY AND REGULATIONS

Cooperative agreements awarded under this GFA are authorized under Section 501(d)(5) of the Public Health Service Act, as amended (42 USC 290aa). Federal regulations at Title 45 CFR Parts 74 and 92, generic requirements concerning the administration of grants, are applicable to these awards.

Grants must be administered in accordance with the PHS Grants Policy Statement, DHHS Publication No. (OASH) 94-50,000 (Rev. April 1, 1994).

The Catalog of Federal Domestic Assistance (CFDA) number for this program is 93.230.

LOBBYING PROHIBITIONS

Appropriated funds may not be used, other than for normal and recognized executive-legislative relationships, for lobbying the Congress or State legislatures. Specifically, Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of information designed to support or defeat legislation pending before the Congress or State legislatures. This has been construed to include "grass roots" lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation, or to urge those representatives to vote in a particular way. This prohibition applies not only to Federal agencies, but also prohibits grantees and contractors of Federal agencies from using Federal funds to conduct such activities. In addition to "grass roots" lobbying, Federal grantees are prohibited from using Federal funds to conduct any direct lobbying activities. This includes any activities designed to influence legislation appropriations pending before the Congress or any State legislature.

III. APPLICATION INSTRUCTIONS

This section provides detailed instructions concerning the required contents of the application for this cooperative agreement.

BASIC APPLICATION INSTRUCTIONS

All applicants must use the Public Health Service (PHS) Grant Application form 5161-1 (Rev. 6/99). Applications must be complete and contain all information needed for review. Appendices may be used only for items specified in the GFA. Appendices must not be used to extend or replace information that applicants are asked to present in any of the required sections of the program narrative portion of the application; this is particularly important because the reviewers, in their evaluation of an application, are not required to consider such information presented in appendices. Therefore, any information an applicant considers to be necessary for a full and objective evaluation of a proposed project needs to be included in the application narrative unless the GFA instructs otherwise. Further, if the review administrator (RA) determines that any appendix material is either inappropriate or extends the narrative, these portions will be removed prior to the appendices being made available to the review committee. The applicant will be notified of the RA's decision by mail.

No supplementary or corrective material will be accepted after the receipt date unless specifically requested by or agreed to in prior discussion with the RA of the initial review group (IRG) assigned to review the application. Because there is no guarantee that such late material will be considered for review, it is important that the application be complete at the time of submission.

IMPORTANT: The original and 2 copies (including appendices) must be unbound with no staples, paper clips, fasteners, or heavy or lightweight paper stock within the document itself. The application will be reproduced in order to provide sufficient copies for review. Do not include anything that cannot be photocopied using automatic processors. That is, (1) do not attach or include anything stapled, folded, pasted, or in a size other than 8 1/2 x 11 inches on white paper; and (2) do not use heavy or light-weight paper which will clog the photocopy machine and could be destroyed by the machine. Odd sized attachments of any kind will not be copied or sent to reviewers. Do not include excessive or oversized material, e.g., posters. Do not include videotapes or audiotapes. Do not use photo reduction or

condense type closer than 15 characters per inch (cpi) or 6 lines per inch.

Type size in the narrative of applications must not exceed an average of 15 cpi when measured with a ruler. Sections of the narrative containing only lower case letters will be considered in determining cpi. In addition, spaces between words will be counted as one character each. Type size in charts, tables, graphs, and footnotes will not be considered in determining compliance. It is suggested that a font no smaller than 12 point be used. Margins should be no smaller than one inch. Further, only one side of a page should have printing.

Because application materials could accidentally get out of order when being reproduced, every sheet of the proposal must have a page number. It is requested that pages be numbered consecutively from BEGINNING TO END (for example, page 1 for the cover page, page 2 for the abstract, page 3 for the table of contents, etc.) The appendices should be labeled and separated from the narrative and budget section and the pages must be numbered to continue in the sequence.

Applications may not be accepted for review and may be returned for the following reasons:

1. The applicant organization is ineligible.
2. It is received after the specified receipt date.
3. It is incomplete.
4. It is illegible.
5. It exceeds the specified page limitations for the program narrative, biographical sketches and job descriptions.
6. It does not conform to the instructions for format which include that it be typed single-spaced, using standard size black type not smaller than 15 cpi (or 2.5 centimeters), one column per page, with conventional border margins of 1 inch (or 2.5 centimeters), on only one side of standard size 8-1/2 x 11 inch paper that can be photocopied.
7. It is not responsive to the program guidelines.
8. The material presented is insufficient to permit an adequate review.

NOTE: Please provide on a separate sheet of paper, the name, title and organizational affiliation of the individual primarily responsible for writing the application. Providing this information is voluntary and will in no way be used to influence the acceptance or review of the application. Please insert the completed sheet behind the application face page.

APPLICATION COMPONENTS

A complete application consists of the following documents in the order specified:

1. **FACE PAGE FOR THE PHS 5161-1** - The Face Page [officially titled "Application for Federal Assistance" Standard Form 424 (Rev. 4-88)] is included in the PHS 5161-1 (Rev.6/99) and must be completed in accordance with the instructions provided in Appendix A of this document. Important: The instructions for completing the 424 in Appendix A replace the instructions found on the reverse side of the 424.
2. **OPTIONAL INFORMATION ON APPLICATION WRITER** (See Note Above)
3. **ABSTRACT** - An Abstract must be included as the second section of the application. The Abstract must be on a separate page and must not exceed 35 single-spaced typed lines. The abstract should clearly present the grant application in summary form, from a "who-what-when-how-where" point of view, so that reviewers can see how the multiple parts fit together to form a coherent whole. Please include a succinct summary of the program in 5 lines, 72 characters per line, for later use in publications, reporting to Congress, press releases, and other avenues for dissemination, should the applicant be funded.
Important: If the application is funded, this description, either as is or modified, may become public information. Therefore, do not include proprietary/confidential information.
4. **TABLE OF CONTENTS** - The table of contents should identify the page number for each of the major sections of the program narrative portion of the application, as well as each appendix.
5. **BUDGET FORM** - The Budget Form (Standard Form 424A), for Non-Construction Programs, is also included in the PHS 5161-1 (Rev. 6/99). It has two sides (Sections A-F). Important: The instructions for completing the 424A in Appendix B replace those found immediately following the 424A.
6. **PROGRAM NARRATIVE SECTION** - The program narrative of the application is intended to provide a comprehensive framework and description of all aspects of the proposed project. Detailed instructions for completing the narrative section follow. These instructions replace the instructions for the program narrative found in PHS 5161-1 (Rev. 6/99).

7. **APPENDICES** - The appendices may include only the items specified in these instructions. The appendices must not be used to extend or replace any of the required sections of the program narrative portion of the application. Appendices must be clearly labeled and all pages must be numbered continuing in sequence from the last page of the program narrative, and the project director's name must be typed in the upper right corner of each page.
8. **ASSURANCES NON-CONSTRUCTION PROGRAMS** - This list of Assurances for Non-Construction Programs (Standard Form 424B) must be reviewed, signed on the second page by the individual identified in Item 18a of the Face Page and submitted with the application. Failure to submit the signed 424B with the application will delay any possible award.
9. **CERTIFICATIONS** - The list of Certifications is included in the PHS 5161-1. This list must be reviewed, signed on the last page by the individual identified in Item 18a of the Face Page and submitted with the application. Failure to submit the signed Certifications list with the application will delay any possible award.
10. **DISCLOSURE OF LOBBYING ACTIVITIES** - The guidance and format dfor
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11. CHECKLIST PAGE - The Checklist ensures that the applicant has
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TABLE OF CONTENTS

Immediately following the abstract page, the applicant is required to provide a table of contents that identifies the page where each section of the program narrative and each appendix begins. The following table of contents **MUST** be used in the specified order:

STATE INCENTIVE COOPERATIVE AGREEMENT

	Page No.
PROGRAM NARRATIVE:	
A. Background: State-wide Substance Abuse Trends, Funding and Resources.....	
B. Project Goals and Objectives.....	
C. Project Implementation Plan.....	
1. Phasing Plan	
2. Project Management and Staffing Plan	
3. Project Evaluation Plan	
D. Literature Citations.....	
E. Budget Justification/Existing Resources/ Other Support.....	
F. Biographical Sketches/Job Descriptions.....	
G. Confidentiality/SAMHSA Participant Protection..	

(NOTE: Sections D-G do not count towards the total page limitations that apply to the program narrative.)

APPENDICES:

Appendix 1: Milestone Charts.....	
Appendix 2: Letters of Coordination/Support.....	
Appendix 3: Data Collection Instruments/Interview Protocols.....	

Appendix 4: Sample Consent Forms.....

As noted earlier, only the appendices specified in these instructions may be attached. Further, these appendices must not be used to extend or replace any of the required sections of the program narrative.

PROGRAM NARRATIVE

The program narrative of the application is intended to provide a comprehensive framework and description of all aspects of the State's proposed State Incentive project. The narrative should be written in a manner that is self-explanatory to reviewers unfamiliar with the prior related activities of the applicant. It should be succinct and well organized, use section labels that match those provided in the table of contents, and must contain all the information necessary for reviewers to understand the proposed project and its milestones.

To ensure that sufficient information is included for the technical merit review of the application, **the program narrative should include the following Sections A-C, and may not exceed 35 single-spaced pages. These sections replace sections 1-6 in the Program Narrative section of PHS 5161-1.**

Further, the specific information requested for each section should be included under the cited section heading. You will note that the information requested relates to the individual review criteria and bullets in Part II of this announcement.

**A. BACKGROUND: STATE-WIDE SUBSTANCE ABUSE TRENDS,
FUNDING AND RESOURCES**

In accordance with the State Incentive Program goals and objectives stated in Part II, States should document and describe the following background information in their application to provide a context for their proposed approach and implementation of the State's project.

This information should include:

- o current level of State-wide drug abuse trends;
- o current prevention programs targeted toward 12- to 17-year olds, and families, schools, and workplaces; and
- o status and types of substance abuse prevention funding from all sources.

In presenting such baseline information, States should reference data and/or information obtained from Federally-supported needs assessments. States should also specify how Federal and State resources and funding streams are currently providing services to the target populations throughout the State. (These resources may be in the form of dollars or in-kind support.) Based on this information, States should briefly discuss how they plan to approach the coordination, leveraging, and redirection of these funds and resources, consistent with the intent of this cooperative agreement. This assessment should also describe how the 20-percent primary prevention set-aside in the Substance Abuse Prevention and Treatment Block Grants will further support the State's project.

B. PROJECT GOALS AND OBJECTIVES

To assure that sufficient information is included for technical merit review, the application should include the following:

- o A description of the purpose of the application and how it addresses the specific goals of the State Incentive Cooperative Agreement Program.
- o A description of the State's specific goals and objectives and related milestones for its proposed project.

C. PROJECT IMPLEMENTATION PLAN

The State's Project Implementation Plan for this cooperative agreement should be thoroughly described in a narrative **not to exceed 25 pages** of the total 35 pages for Sections A-C. The Implementation Plan should be made up of a Phasing Plan (describing Phase 1 and 2 of the State's project), a Project Management and Staffing Plan, and a State-wide Project Evaluation Plan. Requirements for these components of the Implementation Plan are given below.

1. Phasing Plan

States are required to provide a detailed description of their approach for Phases 1 and 2 of their proposed cooperative agreement project according to the guidelines set forth below:

During Phase 1, the State applicant should describe **the process(es)** by which the following State project milestones can occur:

- o Initiate all start-up activities, including those tasked by the Project Management and Staffing Plan.
- o Begin to oversee and coordinate implementation of the State's project.
- o Establish the Cooperative Agreement Advisory Committee.
- o Begin to refine and update the State-wide Evaluation Plan through the Cooperative Agreement Advisory Committee.
- o Begin preliminary development of the State's comprehensive prevention strategy, assuring adequate involvement of diverse community representatives in the design and implementation of the State's project.
- o Continue to accomplish ongoing Phase 1 milestones, as appropriate.

During Phase 2 the State applicant should describe **the process(es)** by which the following State project milestones can occur:

- o Complete and implement a comprehensive prevention strategy to encompass the three-year cooperative agreement period.
- o Develop criteria and processes to be used for selecting community-based organizations in target communities (subrecipients) to receive funds.
- o Ensure that subrecipients document their intention to involve youth, families, schools and workplaces in developing and implementing local prevention efforts.
- o Ensure adequate project representation in terms of age, culture, language, gender and disability.
- o Deploy funds to communities via subrecipient contracts.
- o Identify technical assistance and training resources for developing State prevention program capabilities, including the Regional Centers for the Application of Prevention Technologies (CAPTs).
- o Conduct monitoring and oversight of locally developed projects.
- o Initiate State-directed processes for evaluating subrecipient community projects.
- o Begin to collect relevant evaluation and other programmatic data from all subrecipient efforts.
- o Develop appropriate criteria and processes to identify and document effective prevention practices, resources and other materials from the State's locally developed subrecipient projects, and develop a plan for their dissemination State-wide.
- o Begin to identify potential sources of continued program support after Federal funding has ended.

- o Continue to accomplish ongoing Phase 2 milestones, as appropriate.

2. Project Management and Staffing Plan

States should clearly specify how the overall State project will be structured, organized, staffed, and managed throughout the cooperative agreement period. In particular, the Project Management and Staffing Plan should include the following:

- o Description of the Cooperative Agreement Advisory Committee, to include its structure, membership and coordinating functions.
- o Description of the proposed project, to include key staff, roles and functions.
- o Description of relevant State resources and participating State agencies available to support the overall program.
- o Description of the structure and processes to be used by the Governor's Office in ensuring effective coordination and management of State resources for the State's prevention project.
- o Description of how diversity of the State's population will be considered in the Project Management and Staffing Plans of the State's project; and how age, gender, race/ethnicity and cultural factors will be considered in the processes used to select subrecipients.

3. Project Evaluation Plan

Applicants are required to submit a State-wide Project Evaluation Plan for carrying out the following two key tasks and for measuring change over time:

1)documenting the State-level activities and accomplishments associated with the State Incentive Program and 2)documenting the activities and accomplishments of selected subrecipient community projects.

The Evaluation Plan should include at least the following information:

- o Documentation to include what was actually done, what was learned, what barriers inhibited implementation, how such barriers were resolved, and what should be done differently in future projects.
- o Approach for conducting the two key tasks described above including the information to be collected and appropriate timelines and milestones.
- o Approach for collecting, storing, analyzing and interpreting the proposed data, including descriptions of any specific instruments to be used.

NOTE: States should use, when appropriate, aspects of the SAMHSA/CSAP Minimum Data Set (MDS) Program and State needs assessment process. (See Data Collection Procedures, below, for a summary of the MDS Program.) Applicants who require further details about MDS should contact Mr. Dan Fletcher, SAMHSA/CSAP, 301-443-5660.

- o Approach for working collaboratively with CSAP and the Cooperative Agreement Advisory Committee during Phase I to update and refine their Evaluation Plans.
- o Approach for providing ongoing and timely feedback to local projects through the evaluation process.
- o Approach for ensuring that the Evaluation Plan is sensitive to age, gender, racial/ethnic and cultural characteristics of the State's population.

Applicants may wish to consider including some or all of the following as part of their documentation and measurement of change:

a) State-wide Characteristics

- o Demographics (e.g., population size, age, race/ethnicity, culture, gender, urban/rural distributions);
- o Current marijuana, tobacco, alcohol and drug problems; and
- o Organizational chart and description of current and proposed prevention funding streams.

b) Project Characteristics

- o Structure (e.g., involvement of public, private and grassroots organizations; youth representation; parent representation; existing and evolving service programs; changes in prevention services structure over time);
- o Focus (e.g., prevention focus prior to and after CSAP funding);
- o Operation (e.g., State-wide networking characteristics; allocation of resources); and
- o Capacity (e.g., human and organizational resources allocated for prevention).

c) Activities to Enhance the Community Environment

- o Outreach and promotional activities aimed at increasing interest and participation of the community in prevention (e.g., media events, health awareness fairs, cultural events, public service announcements);
- o Strategic activities related to ongoing substance abuse prevention efforts, approaches and projects intended to result in measurable outcomes (e.g., community education, drug testing, after-school programs for youth, alternatives to incarceration, violence prevention activities, family education and support programs);
- o Policy and legislative activities at the State and community levels (e.g., tobacco-free environments, alcohol-free public events, curfew and truancy laws, driver's license revocation, open container laws, alcohol sales restrictions);
- o Outreach and promotional activities intended to maintain and increase support for the project, as well as to raise awareness of substance abuse problems and issues (e.g., media campaigns, billboards, bumper stickers, newsletters);
- o Development activities aimed at changing State and community conditions that affect long-term substance abuse problems (e.g., developing and supporting grassroots organizations, town hall meetings and forums, youth councils, housing development strategies, job training and entrepreneurial programs);
- o Coordination/collaboration among prevention service programs;
- o Service delivery systems of the State (e.g., development of new services and spinoffs; reduced duplication of existing services; non-competition of existing services); and
- o Expenditure patterns of State resources for substance abuse prevention.

Evaluation Data Collection Procedures

In the comprehensive State-wide Evaluation Plan, the applicant should include a description of the work to be done with subrecipients in the proposed data collection approach, to encompass the following: a schedule for conducting the evaluation, strategies for data collection, processing, control, and storage, and a description of the types of analyses to be performed.

Evaluation data should be collected, analyzed, and synthesized into concise reports; these materials should be made available to the Governor's Office, Single State Agencies, and SAMHSA/CSAP, as stated in the Terms and Conditions of the cooperative agreement award.

CSAP's State Data Collection Activities: States should consider using reporting mechanisms in SAMHSA/CSAP's State Needs Assessment process and Minimum Data Set Program; and other data sources (National Household Survey, DAWN, Monitoring the Future, Pulse Check.)

Needs Assessment studies typically provide State and county level data on incidence and prevalence, levels of risk and protective factors for subpopulations and on current or needed prevention services. As such, needs assessment data provide useful information for the following sections of the application: 1)program background-current level of State-wide drug abuse trends; 2)Phase 2-results of assessing risk factors and services can contribute to the criteria developed for selecting subrecipients with appropriate programs for addressing those risks; and 3)evaluation plan-indicators measured through needs assessments can often be collected at the program level using the same or modified instruments. Needs assessment data can also be used for comparison purposes and to follow trends (e.g,. on Statewide demographics and levels of drug and alcohol problems).

CSAP's Minimum Data Set (MDS) MDS includes data on the number and types of programs and activities by the six prevention strategies and on the number and demographic characteristics of program participants. As such, use of MDS materials can provide information for the following sections of the SIG application:

1)program background-a description of current prevention programs; 2)Phase 2 of the Implementation Plan - the use of MDS identification of gaps in services and underserved populations in developing subrecipient selection criteria; and 3)evaluation plan-the use of MDS information on programs and activities covering the six prevention strategies. Materials include data collection forms, software, manuals and reporting formats at the provider, local, State and federal levels.

MDS is also developing data collection procedures, materials and schedules, which can provide information for the following sections of the application: 1)Phase 2 of the Implementation Plan - the use of intermediate and outcome data in developing subrecipient selection criteria; and 2)evaluation plan-the use of intermediate and outcome data resulting from MDS participation to demonstrate the effectiveness of subrecipient programs.

D. LITERATURE CITATIONS

(NOTE: This section will not be counted towards the total page limitation for the program narrative portion of the application.)

Provide complete citations, including titles and all authors, for literature cited in the application.

E. BUDGET JUSTIFICATION/EXISTING RESOURCES/OTHER SUPPORT

(NOTE: This section will not be counted towards the total page limitation for the program narrative portion of the application.)

Sections B, C, and E of Standard Form 424A of the PHS 5161-1 (Rev. 6/99) should be filled out according to the instructions in Appendix B. See illustration in Appendix C, Example A.

In addition, this section of the program narrative portion of the application should provide a line item budget and specific justification for the first project year's direct costs AND for each future year. For contractual costs, provide a similar yearly breakdown and justification for ALL costs (including overhead or indirect costs).

Specify all other resources needed to accomplish the project (e.g., staff, funds, equipment, office space) and provide evidence that the project will have access to these, either through the cooperative agreement or, as appropriate, through other resources.

Other Support

"Other Support" refers to all current or pending support related to this application. Applicant organizations are reminded of the necessity to provide full and reliable information regarding "other support," (i.e., all Federal and non-Federal active or pending support).

Applicants should be cognizant that serious consequences could result if failure to provide complete and accurate information is construed as misleading to the PHS and could, therefore, lead to delay in the processing of the application. In signing the face page of the application, the authorized representative of the applicant organization certifies that the application information is accurate and complete.

For your organization and key organizations that are collaborating with you in this proposed project, list all currently active support and any applications/proposals pending review or funding that relate to the project. If there are none, state "none." For all active and pending support listed, also provide the following information:

1. Source of support (including identifying number and title)
2. Dates of entire project period
3. Annual direct costs supported/requested
4. Brief description of the project
5. Whether project overlaps, duplicates, or is being supplemented by the present application; delineate and justify the nature and extent of any programmatic and/or budgetary overlaps

F. BIOGRAPHICAL SKETCHES/JOB DESCRIPTIONS

(NOTE: This section will not be counted towards the total page limitation for the program narrative portion of the application.)

A biographical sketch should be included for the project director and for other key positions. Each of the biographical sketches must not exceed **2 pages** in length.

In the event that a biographical sketch is included for an individual not yet hired, a letter of commitment from that person must be included with his/her biographical sketch. Job descriptions for key personnel must not exceed **1 page** in length.

The suggested contents for biographical sketches and job descriptions are listed in Item 6 in the Program Narrative Section of the PHS 5161-1.

G. CONFIDENTIALITY/SAMHSA PARTICIPANT PROTECTION

(NOTE: There is no page limitation for this section of the application and this section does not count towards the total page limitation for the program narrative section of the application.)

The information provided in this section will be used to determine whether the level of protection of participants appears adequate or whether further provisions are needed, according to SAMHSA Participant Protection (SPP) standards. Adequate protection of participants is an essential part of an application and will be considered in funding decisions.

Projects proposed under this announcement may expose participants to risks in as many ways as projects can differ from each other. Following are some examples, but they do not exhaust the possibilities. Applicants should report in this section any foreseeable risks for project participants, and the procedures developed to protect participants from those risks, as set forth below. Applicants should discuss how each element will be addressed, or why it does not apply to the project.

Note: So that the adequacy of plans to address the protection of participants, confidentiality, and other ethical concerns can be evaluated, the information requested below, which may appear in other sections of the narrative, should be included in this section of the application as well.

1. Protection from Potential Risks:

(a) Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks

or adverse effects, besides the confidentiality issues addressed below, which are due either to (i) participation in the project itself, or to (ii) the evaluation activities.

(b) Where appropriate, describe alternative treatments and procedures that might be advantageous to the subjects and the rationale for their nonuse.

(c) Describe the procedures that will be followed to minimize or protect participants against potential risks, including risks to confidentiality.

(d) Where appropriate, specify plans to provide needed professional intervention in the event of adverse effects to participants.

2. Equitable selection of participants:

Target population(s):

Describe the sociodemographic characteristics of the target population(s) for the proposed project, including age, gender, racial/ethnic composition, and other distinguishing characteristics (e.g., homeless youth, foster children, children of substance abusers, pregnant women, institutionalized individuals, or other special population groups).

Recruitment and Selection:

(a) Specify the criteria for inclusion or exclusion of project participants and explain the rationale for these criteria.

(b) Explain the rationale for the use of special population groups, such as pregnant women, children, institutionalized mentally disabled, prisoners, or others who are likely to be vulnerable.

(c) Summarize the recruitment and selection procedures, including the circumstances under which participation will be sought and who will seek it.

3. Absence of Coercion:

Explain whether participation in the project is voluntary or mandatory. Identify any potentially coercive elements that may be present (e.g., court orders mandating individuals to participate in a particular intervention or treatment program).

4. Appropriate Data Collection:

(a) Identify from whom data will be collected (e.g., participants themselves, family members, teachers, others) and by what means or sources (e.g., school records, personal interviews, written questionnaires, psychological assessment instruments, observation).

(b) Identify the form of specimens (e.g., urine, blood), records or data. Indicate whether the material or data will be obtained specifically for evaluative/research purposes or whether use will be made of existing specimens, records, or data. Also, where appropriate, describe the provisions for monitoring the data to ensure the safety of subjects.

(c) Provide, in Appendix No. 3 entitled, "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that will be used.

5. Privacy and Confidentiality:

Specify the procedures that will be implemented to ensure privacy and confidentiality, including by whom and how data will be collected, procedures for administration of data collection instruments, where data will be stored, who will/will not have access to information, and how the identity of participants will be safeguarded (e.g., through the use of a coding system on data records; limiting access to records; storing identifiers separately from data).

Note: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records in accordance with the provisions of title 42 of the Code of Federal Regulations, part 2 (42 CFR, part 2).

6. Adequate Consent Procedures:

(a) Specify what information will be provided to participants regarding the nature and purpose of their participation; the voluntary nature of their participation; their right to withdraw from the project at any time, without prejudice; anticipated use of data; procedures for maintaining confidentiality of the data; potential risks; and procedures that will be implemented to protect participants against these risks.

Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, awardees may be required to obtain written informed consent.

(b) Indicate whether it is planned to obtain informed consent from participants and/or their parents or legal guardians, and describe the method of documenting consent. For example: Are consent forms read to individuals? Are prospective participants questioned to ensure they understand the forms? Are they given copies of what they sign?

Copies of sample (blank) consent forms should be included in Appendix No. 4 entitled, "Sample Consent Forms." If appropriate, provide English translations.

Note: In obtaining consent, no wording should be used that implies that the participant waives or appears to waive any legal rights, is not free to terminate involvement with the project, or releases the institution or its agents from liability for negligence.

(c) Indicate whether separate consents will be obtained for different stages or aspects of the project, and whether consent for the collection of evaluative data will be required for participation in the project itself. For example, will separate consent be obtained for the collection of evaluation data in addition to the consent obtained for participation in the intervention, treatment, or

services project itself? Will individuals not consenting to the collection of individually identifiable data for evaluative purposes be permitted to participate in the project?

7. Risk/Benefit Discussion:

Discuss why the risks to subjects are reasonable in relation to the anticipated benefits to subjects and in relation to the importance of the knowledge that may reasonably be expected to result.

APPENDIX A

INSTRUCTIONS FOR COMPLETING NEW APPLICATION FOR FEDERAL ASSISTANCE STANDARD FORM 424 (Rev. 4/88)

Standard Form (SF) 424, "Application for Federal Assistance," is also known as the "Face Page" of the PHS Grant Application Form 5161-1 (Rev. 5/96). The following instructions replace those found on the reverse side of the SF 424.

Block 1. Type of Submission: Under "Application" check "Non-Construction". Under "Preapplication" leave both boxes blank.

Block 2. DATE SUBMITTED: Insert the date the application is sent to the State or the Federal agency.

-- **Applicant Identifier:** Insert the applicant's
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Block 3. (State Use Only.) DATE RECEIVED BY STATE: (if applicable).

-- **State Application Identifier:** Insert the applicant's control number (if applicable).

Block 4. (Federal Use Only.) DATE RECEIVED BY FEDERAL AGENCY:
Leave this block blank.

-- **Federal Identifier:** Leave this block blank.

Block 5. APPLICANT INFORMATION:

-- **Legal Name:** Insert the legal name of the applicant organization (that is, the Office of the Governor).

-- **Organizational Unit:** Insert the name of the primary organizational unit which will undertake the proposed activity.

-- **Address:** Insert the complete mailing address of the applicant organization.

-- **Name and telephone number of the person to be contacted on matters involving this application (give area code):** Insert the name, area code and telephone and FAX numbers and an E-mail/Internet address (if available) for the project director/principal investigator. Project director/principal investigator is defined as an employee of the applicant organization who will direct the grant. **NOTE:** **This individual must be the same person identified in the right-hand block of Part C of the Checklist in the PHS Grant Application Form 5161-1. This is the individual responsible for directing the proposed program or project. (This is usually not the authorized representative as defined in Block 18.)**

Block 6. EMPLOYER IDENTIFICATION NUMBER (EIN): Insert the 9-digit EIN as assigned by the Internal Revenue Service.

Block 7. TYPE OF APPLICANT: Insert the appropriate letter in the box provided. (Non-profit applicant organizations should be identified as such under N. Other.)

Block 8. TYPE OF APPLICATION: Check "New."

Block 9. NAME OF FEDERAL AGENCY: Insert SAMHSA and the specific Center (either CMHS, CSAP or CSAT) from which support is being requested.

Block 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE (CFDA) NUMBER: Insert the CFDA number that is provided on the cover page of the GFA.

-- **Title:** Insert the GFA number and the short title of the GFA. (Refer to the Application Procedures section of the GFA.)

Block 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Insert a brief descriptive title of the proposed project. Do not exceed 56 typewritten spaces, including spaces between words and all punctuation. A new application must have a different title from any other PHS

project with the same project director/principal investigator.

Block 12. AREAS AFFECTED BY PROJECT: Insert the name of the largest political jurisdictions affected (e.g., the name of the specific State, counties, cities).

Block 13. PROPOSED PROJECT: Leave the Start and Ending Date blocks blank. These dates will be determined if the project is funded.

Block 14. CONGRESSIONAL DISTRICTS OF:

- a. **Applicant:** Insert the applicant organization's Congressional District.
- b. **Project:** Insert any Congressional District(s) directly affected by the project.

Block 15. ESTIMATED FUNDING:

- a. **Federal:** Insert the total amount of direct costs being requested from SAMHSA under this GFA for the first 12-month period of support. (This figure should be the same amount as that indicated on Form 424A, Section B, column (1) line 6.i.)
- b.-e. **Applicant, State, Local, Other:** Insert the amount to be contributed and/or the value of in-kind contributions for the first 12-month period of support by each contributor (i.e., Applicant, State, Local, Other), as appropriate. [These figures should be the same amounts as those indicated on Form 424A, Section C, line 12, columns (b), (c), and (d)].
- f. **Program Income:** Insert the amount of Program Income anticipated to be earned by the grantee for the first 12-month period of support, if any. (This figure should be the same amount as that indicated on Form 424A, Section B, line 7, column (1).

Program income is defined as income earned by a grantee from activities part or all of the cost of which is borne as a direct cost by a grant or income that would not have occurred except for the existence of the grant supported project.

Examples of program income are: fees for services supported with grant funds such as laboratory drug testing, rental or usage fees for use of equipment purchased with grant funds, third-party patient reimbursement where such reimbursement occurs because of the grant-supported activity (including Medicaid/Medicare), sale of commodities such as educational materials (including curricula) developed under the grant or equipment purchased with grant funds.

Not included would be revenues raised by a government recipient under its governing powers, interest on grant funds, rebates, credits, discounts, or refunds, results of fund raising (given that no grant funds were used to accomplish the fund raising activity) and income earned by procurement contractors under a procurement contract awarded by the grantee.

-- g. **TOTAL:** Insert the total of lines 15a through 15f.

Block 16. IS APPLICATION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS? Applicants should refer to the GFA to determine if the program is covered by the Federal Executive Order (E.O.) 12372. If the program is covered, applicants should refer to the listing of those States that currently participate in the E.O. 12372 process.

This listing is provided in the application kit. If your State does participate, you should communicate with the State Single Point of Contact (SPOC) to ascertain whether this program has/has not been

selected for review by the State. Based on answers to the above, the appropriate sections of Block 16 should be completed.

NOTE: IF THIS PROGRAM IS COVERED BY E.O. 12372, APPLICATIONS MUST BE MADE AVAILABLE FOR STATE REVIEW, AND THE APPLICANT SHOULD ADVISE THE STATE TO SUBMIT COMMENTS WITHIN 60 DAYS OF THE APPLICATION RECEIPT DATE TO THE INDIVIDUAL IDENTIFIED IN THE GFA, UNDER THE E.O. 12372 SECTION.

Block 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.

Block 18. -- a., b. and c.: Insert the name, title, area code and telephone number of the authorized representative of the applicant organization in the spaces provided.

NOTE: THE AUTHORIZED REPRESENTATIVE IS THE INDIVIDUAL WITH THE LEGAL AUTHORITY TO OBLIGATE THE APPLICANT ORGANIZATION FINANCIALLY AND OTHERWISE.

-- d. and e.: The authorized representative is required to sign and date the application in the spaces provided.

APPENDIX B
INSTRUCTIONS FOR COMPLETING
BUDGET INFORMATION -- Non-Construction Programs
Standard Form 424A (Rev. 4/88)

Standard Form (SF) 424A, "Budget Information -- Non-Construction Programs," is a double-sided form composed of Sections A through F. Because the 424A is a generic form that was designed to be used by agencies across the Federal Government, the instructions have been adapted for use by SAMHSA. **The following instructions replace those found immediately following the SF 424A.**

SECTION A - BUDGET SUMMARY - Leave this section blank.

SECTION B - BUDGET CATEGORIES

NOTE: The budget indicated in Section B should include only the funds that are requested from SAMHSA for the first budget period (i.e., the first 12 months) of the proposed project. If funds for the project are also being provided, or requested, from other sources, such funds should not be included in the budget indicated in this section.

Complete only column (1), lines 6a through 6k (as applicable) and line 7.

1. In **Section B**, column (1), lines **6a-6h**, insert the dollars requested from SAMHSA for all Object Class Categories, for the first 12-month budget period. Because there is no separate Object Class Category for "consultant costs," include any "consultant costs" in the "Other" Object Class Category (line **6h**).
If the GFA does not specify that alteration and renovation costs will not be paid, necessary alternation and renovation costs may be entered under line **6g** by crossing out "Construction" and typing in "Alteration and Renovation." Cost breakout and description of proposed alteration and renovation should be included in the budget justification. (Construction costs are not allowable.)

NOTE: A DETAILED LINE-ITEM BUDGET COMPUTATION AND JUSTIFICATION SHOULD BE PROVIDED ON A SEPARATE PAGE(S) FOR ALL OBJECT CLASS CATEGORIES. A SAMPLE DETAILED LINE-ITEM BUDGET COMPUTATION AND JUSTIFICATION IS ATTACHED AS EXAMPLE A.

In column (1), line **6i Total Direct Charges (sum of 6a-6h)**, insert the sum of lines **6a-6h**.

In column (1), line **6j Indirect Charges**, insert the amount of indirect costs if these costs are being requested and your organization has negotiated an indirect cost rate with an agency of the Federal Government. Also submit a copy of notice of your organization's most current indirect cost rate agreement to substantiate your request. Failure to submit a copy of this notice may result in delay of any possible award.

If an indirect cost rate has not been established, insert "0" in column (1), line **6j**. In order to recover allowable indirect costs of a project, it may be necessary to negotiate and establish an indirect cost rate (unless such a rate has already been established for the applicant organization). For information and assistance regarding the timing and submission of an indirect cost rate proposal, applicants, except for for-profit organizations, should contact the appropriate office of the DHHS Division of Cost Allocation referenced in the list of "Offices Negotiating Indirect Costs Rates," provided in the application kit.

For-profit organizations should contact the Grants Management Officer listed in the GFA. A note that the applicant organization either waives or will negotiate, within 90 days after grant award issuance, and establish an indirect cost rate with the appropriate office of the DHHS Division of Cost Allocation should be included in the detailed line-item budget computation and justification.

In column (1), line **6k. TOTALS (sum of 6i and 6j)**, insert the total of lines 6i and 6j.

2. In **Section B**, column (1), line **7 Program Income**, if applicable, insert any program income anticipated to be generated during the proposed first 12-month budget period. See Appendix A, Item 15f, for the definition of program income.
3. Leave the remaining columns, (2) through (5) in **Section B** blank.

SECTION C - NON-FEDERAL RESOURCES

1. In **Section C**, line 12, columns **(b) Applicant**, **(c) State**, and **(d) Other Sources**, insert any funds to be contributed to the project by these entities for the first 12-month budget period. (Leave lines 8-11 blank.)
2. In **Section C**, line 12, column **(e) TOTALS**, insert the total of line 12, columns **(b)-(d)**, if any.

SECTION D - FORECASTED CASH NEEDS - Leave this section blank.

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT - This section should reflect the proposed direct cost budgets for years 2 - 5. However, unless the GFA states that projects may be funded beyond 3 years, proposed direct costs should be provided for years 2 and 3 only. The totals should be derived from the detailed line-item budget computation and justification for future year direct costs. (A sample is provided as EXAMPLE A.)

1. **Section E**, line 20 **TOTALS (sum of lines 16-19)**, column **(b) First** represents the second 12-month period (02 Period). Insert the total FEDERAL direct cost dollars requested for **all** object class categories for this second year.
2. **Section E**, line 20, column **(c) Second** represents the third 12-month period (03 Period). Enter the total FEDERAL direct cost dollars requested for **all** object class categories for this third year.
3. **Section E**, line 20, column **(d) Third**. Leave blank unless the GFA states that projects may be funded for up to 4 years.
4. **Section E**, line 20, column **(e) Fourth**. Leave blank unless the GFA states that projects may be funded for up to 5 years.

SECTION F - OTHER BUDGET INFORMATION - Leave this section blank.

Example A

**ILLUSTRATION OF DETAILED WORKSHEET FOR COMPLETION OF
SF 424A: SECTION B FOR 01 BUDGET PERIOD (State Organization)**

Authorized Organization (e.g., Single State Alcohol and Drug Authority)	INCENTIVE GRANT FUNDS	OTHER FUNDS	TOTAL FUNDS
<u>CATEGORY</u>	<u>AMOUNT</u>	<u>AMOUNT</u> <small><u>FED STATE LOCAL</u></small>	<u>AMOUNT</u>
PERSONNEL + FTE			
Project Director 10%	\$ 6,000		\$ 6,000
Project Coordinator 100%	\$ 50,000		\$ 50,000
Information Specialist 100%	\$ 38,000	\$ 4,000 (FED/RADAR)	\$ 42,000
Secretary, 100%	\$ 24,000		\$ 24,000
FRINGE BENEFITS (24%)			
Project Director	\$ 1,440		\$ 1,440
Project Coordinator	\$ 12,000		\$ 12,000
Information Specialist	\$ 9,120	\$ 960 (state)	\$ 10,080
Secretary	\$ 5,760		\$ 5,760
EQUIPMENT			
Computer	\$ 5,000		\$ 5,000
SUPPLIES			
Office Supplies	\$ 6,000		\$ 6,000
TRAVEL			
Two(2) trips for SAMHSA Meetings for two State people, (airfare @ \$800 x 4 = \$3,200 + (per diem @ 120 x 4 x 6 days = \$2,880)	\$ 6,080		\$ 6,080
Local Travel (25,000 miles @.30 per mile)	\$ 7,500		\$ 7,500
CONTRACTUAL COSTS			
25 Incentive Grants for Community Based Prevention Action at \$98,505 each.	\$2,462,625	\$2,462,625 (state)	\$4,925,250

Example A Continued.

<u>CATEGORY</u>	<u>AMOUNT</u>	<u>AMOUNT</u> <u>FED STATE LOCAL</u>	<u>AMOUNT</u>
CONTRACTUAL COSTS (Continued)			
Evaluation			
Personnel + FTE			
Project Evaluator, 100%	\$ 50,000		\$ 50,000
Project Assistant, 75%	\$ 28,080		\$ 28,080
Project Secretary, 50%	\$ 12,480		\$ 12,480
Fringe Benefits (24% of Salaries)			
Project Evaluator	\$ 12,000		\$ 12,000
Project Assistant	\$ 6,739		\$ 6,739
Project Secretary	\$ 2,995		\$ 2,995
Equipment			
Computer, Printer	\$ 4,400		\$ 4,400
Supplies			
Office supplies	\$ 6,500		\$ 6,500
Travel			
Two(2) trips for SAMHSA Meetings for two State people, (airfare @ \$800 x 4 = \$3,200 + (per diem @ 120 x 4 x 6 days = \$2,880)	\$ 6,080		\$ 6,080
Local Travel (25,000 miles @.30 per mile)	\$ 7,500		\$ 7,500
Other			
Data collection, processing and analysis	\$ 55,000		\$ 55,000
Report development	\$ 8,193		\$ 8,193
Community Evaluation assistants (25 communities X \$2,000)	\$ 50,000		\$ 50,000

Example A Continued.

<u>CATEGORY</u>	<u>AMOUNT</u>	<u>AMOUNT</u>	<u>AMOUNT</u>
		<u>FED STATE LOCAL</u>	
CONTRACTUAL COSTS (Continued)			
Three(3) State-wide evaluation trainings	\$ 20,000		\$ 20,000
Statewide TA Activities Contract			
-Three (3) Prevention Program Trainings	\$ 20,000		\$ 20,000
-Subrecipient Community Technical Assistance	\$ 40,000		\$ 40,000
-Subrecipient Meetings	\$ 10,000		\$ 10,000
-Cooperative Agreement advisory Meetings	\$ 14,416		\$ 14,416
OTHER			
Telephone	\$ 3,732		\$ 3,732
Maintenance	\$ 3,000		\$ 3,000
Audit	\$ 5,000		\$ 5,000
Total		\$2,999,640	\$2,467,585
\$5,467,225			

Justification Narrative for Example A

Personnel - Describe the role and responsibilities of each position. Indicate level of effort and the source of payment if salary is shared and other organizations (i.e., other Federal agencies, State agencies, or Local agencies).

Fringe Benefits - List all components of the fringe benefit rate and indicate the amount for each source of payment if salary is split among agencies/organization.

Equipment - List all equipment and describe the need and the purpose of the equipment in relation to the proposed project. If equipment is from another agency/organization, list the cost and source of the equipment provided.

Supplies - Generally self explanatory; however, if not, describe need. Include explanation of how the cost has been estimated. Also provide source of supplies from sources other than the Incentive Grant for Community-Based Action.

Travel - Explain need for all travel other than that required by SAMHSA.

Contractual - Provide budget and justification for each Community-Based Action Contract. Explain how the Statewide evaluation will be coordinated with other existing evaluation efforts (CSAP State Needs Assessment Contract, CSAP Minimum Data Set). If consultants are included in this category, explain the need and how the consultants' rates have been determined.

Other - Generally self explanatory. Provide a breakdown of all activities and explain how the proposed costs were determined with a brief justification.

Example B

**ILLUSTRATION OF DETAILED WORKSHEET FOR COMPLETION OF
SF 424A: SECTION B FOR 01 BUDGET PERIOD (Subcontractors)**

PREVENTION SERVICE PROVIDERS (Subrecipients)	INCENTIVE GRANT FUNDS	OTHER FUNDS	TOTAL FUNDS
<u>CATEGORY</u>	<u>AMOUNT</u>	<u>AMOUNT</u>	<u>AMOUNT</u>
		<u>FED STATE LOCAL</u>	
PERSONNEL + FTE			
Project Director, 100%	\$ 10,000	\$ 30,000(State)	\$ 40,000
Prevention Specialist	\$ 5,000	\$ 25,000(State)	\$ 30,000
Administrative Assistant, 100%	\$ 15,000	\$ 10,000(Local)	\$ 25,000
FRINGE BENEFITS (24% of Salaries)			
Project Director	\$ 2,400	\$ 7,200(State)	\$ 9,600
Prevention Specialist	\$ 1,200	\$ 6,000(State)	\$ 7,200
Administrative Assistant	\$ 3,600	\$ 2,400(Local)	\$ 6,000
EQUIPMENT			
Computer, Printer	\$ 4,000		\$ 4,000
SUPPLIES			
Office supplies	\$ 2,000		
Software	\$ 300		
Training materials	\$ 1,200		
Total - supplies (\$3,500)			\$ 3,500
TRAVEL			
Local (4000 miles @ .30/mile)	\$ 1,100		\$ 1,100
OTHER			
Telephone	\$ 1,000	\$ 500(Local)	\$ 1,500
Meetings, Technical Assistance	\$ 6,300	\$ 4,580(Local)	\$ 10,880
Community Based Prevention	\$ 36,450	\$ 40,000(Local)	\$ 76,450
Total Direct Cost	\$ 89,550	\$125,680	\$215,230
Total Indirect Cost (10% of direct Cost)	\$ 8,955		\$ 8,955
(Attach copy of negotiated indirect rate agreement)			
Total Cost		\$ 98,505	\$125,680
\$224,185			

Example B Continued

Justification Narrative for Example B

Personnel - Describe the role and responsibilities of each position. Indicate level of effort and the source of payment if salary is shared among grant and other organizations, i.e., other Federal agencies, state agencies, or local agencies.

Fringe Benefits - List all components of the fringe benefit rate and indicate the amount for each source of payment if salary is split among agencies/organization.

Equipment - List all equipment and describe the need and the purpose of the equipment in relation to the proposed project. If equipment is provided from another agency/organization. List the cost and source of the equipment provided.

Supplies - Generally self explanatory; however, if not, describe need. Include explanation of how the cost has been estimated. Also provide amount and source of supplies from sources other than the Incentive Grant for Community-Based Action.

Travel - Explain need for all travel other than that required by SAMHSA.

Contractual - Explain the need for each contractual arrangement for community-based prevention activities.

Other - Generally self explanatory. If consultants are included in this category, explain the need and how the consultants' rates have been determined. Provide a breakdown of all activities and explain how the proposed costs were determined with a brief narrative justification.

APPENDIX D
Science-Based Practices in
Substance Abuse Prevention: A Guide

The State Incentive Cooperative Agreements for Community-Based Action are designed to foster the application of sound, scientifically-based, prevention strategies and practices in developing a comprehensive, revitalized State drug prevention strategy. This Appendix is intended as additional reference documentation for State applicants to consider when identifying and developing specific prevention efforts that have proven efficacy and that could potentially fill the gaps needed to effectively implement their State Incentive project. Please note that this is a work in progress, and revisions are continuing to be made to the document.

APPENDIX E CHECKLIST

A Checklist is provided in the PHS Grant Application Form 5161-1 (Rev. 6/99). The instructions provided within the Checklist are self-explanatory except for the following:

Part A:

4. Assurance of Compliance (Civil Rights, Handicapped Individuals, Sex Discrimination, Age Discrimination)

Before a grant or cooperative agreement award can be made, a domestic applicant organization must certify that it has filed with the DHHS Office for Civil Rights: an Assurance of Compliance (Form HHS 690) with Title VI of the Civil Rights Act of 1964 (P.L. 88-352, as amended), which prohibits discrimination on the basis of race, color, or national origin; Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112, as amended), which prohibits discrimination on the basis of handicaps; Title IX of the Education Amendments of 1972 (P.L. 92-318, as amended) which prohibits discrimination on the basis of sex; and the Age Discrimination Act of 1975 (P.L. 94-135), which prohibits discrimination on the basis of age. The Assurance of Compliance Form HHS 690 is included in the application kit. (Note: Assurance of Compliance Form HHS 690 is now used in lieu of individual assurances: Form HHS 441 - Civil Rights; Form HHS 641 - Handicapped Individuals; Form HHS 639-A - Sex Discrimination; and Form HHS 680 - Age Discrimination.)

On the blank lines provided under Part A: 4., please indicate the date on which each of the assurances was filed by the applicant organization.

5. Human Subjects Certification, when applicable (45 CFR 46)

Based on the information provided in the GFA, Part I. Programmatic Guidance, where the SAMHSA Center Director has determined that projects funded under the GFA are subject to the requirements of 45 CFR Part 46, Protection of Human Subjects, applicants are required to indicate whether the Human Subjects Certification is included with the application.

Where the SAMHSA Center Director has determined that projects funded under the GFA must meet SAMHSA Participant Protection (SPP) requirements, applicants must check the NOT applicable box.

PART B:

1. The Public Health System Impact Statement is applicable to some SAMHSA programs and must be completed and distributed where appropriate. See specific instructions in the GFA (Part II, Programmatic Guidance).

PART C:

1. The administrative official to be notified if an award is to be made may be the same as the authorized representative identified in Item 18 on the face page (SF 424) or may be the designated administrative/business official of the applicant organization.

The official Notice of Grant Award will be mailed to the administrative official named in Part C.

2. If the applicant organization has already been assigned a modified EIN number because of receipt of another grant from the Department of Health and Human Services (DHHS), include the complete 12-digit number (1-digit prefix, 9-digit EIN, 2-digit suffix). Leave blank if the applicant organization has never been assigned a modified number from the DHHS.
3. The individual designated to direct the project must be the same as the individual identified in Item 5 on the face page of the application.

APPENDIX F

GUIDELINES FOR ASSESSING CULTURAL COMPETENCE

Experience or track record of involvement with the target population - The applicant organization should have a documented history of positive programmatic involvement with the population/community to be served; e.g. a history of involvement with the target population or community.

Training and staffing - The staff of the organization should have training in gender/age/cultural competence. Attention should be placed on staffing the initiative with people who are familiar with, or who are themselves members of, the population/community.

Language - If an organization is providing services to a multi-linguistic population, there should be multi-linguistic resources, including use of skilled bilingual and bicultural individuals whenever a significant percentage of the target population/community is more comfortable with a language other than English.

Materials - It should be demonstrated that material and products such as audio-visual materials, PSA's, training guides and print materials to be used in the project are gender/age/culturally appropriate or will be made consistent with the population/community to be served.

Evaluation - Program evaluation methods and instrument(s) should be appropriate to the population/community being served. There should be a rationale for the use of the evaluation instrument(s) that are chosen, and the rationale should include a discussion of the validity of the instrument(s) in terms of the gender/age/culture of the group(s) targeted. The evaluators should be sensitized to the cultural and familiar with the gender/age/culture whenever possible and practical.

Community representation - The population/community targeted to receive services should be a planned participant in all phases of program design. There should be an established mechanism to provide members, reflective of the target group to be served, with opportunities to influence and help shape the project's proposed activities and interventions. A community advisory council or board of directors of the organizations (with legitimate and working agreements) with decision-making authority should be established to affect the course and direction of the proposed project. Members of the targeted group should be represented on the council/board.

Implementation - There should be objective evidence/indicators in the application that the applicant organization understands the cultural aspects of the community that will contribute to the program's success and which will avoid pitfalls.

* These guidelines were taken from a Center for Substance Abuse Prevention publication, The Fact Is...., February 1993.

